Jail Network Exchange

CSSA has received a request from Assemblymember Jim Beall. He would like information regarding counties that have methadone treatment in their jails. Specifically, he would like more information regarding:

- Identify county jails have methadone programs for inmates;
- ♦ Reasons why the methadone program was chosen;
- ♦ How the program is administered; and
- Any statistics regarding any known cost savings possible cost savings include less trips to the jail medical facility or more inmates in lower security classifications.

Assemblymember Beall's office is also looking for someone to present this information at the Thursday October 4 Select Committee on Alcohol and Drug Abuse Hearing. Please let me know if you would be available for the hearing. If you have any written materials you can provide via email, that would be helpful as well.

Santa Clara County will continue an inmate on Methadone if they were receiving this treatment option in the community. However, we will not start someone on a new Methadone program. Our medical staff will attempt to either taper them off of Methadone or greatly reduce the maintenance dosage while the inmate is in our custody.

San Luis Obispo County Jail does have a methadone program for inmates. According to my Nursing Supervisor, the methadone program was put into place because of Prop.36 and is only available to those inmates who come into custody already on the program. The methadone is supplied by the local licensed community program and is administered by jail medical staff. If the inmate remains in custody for a long period of time, then the inmate is transported to the local outside program once a month for counseling. Because uniformed officers with weapons are not allowed to be in the program room, county probation transports the inmate.

I am told it is rare inmates at the jail are on the program, so he does not have any statistical information on cost savings.

Marin County does have a methadone maintenance program. It is provided by Marin Treatment Center through an annual contract. It is est. 20K a year paid through the HHS Drug & Alcohol Service budget. I'm not 100% sure why MTC, confident it's the only local provider available.

To dose liquid methadone you have to have a licensed clinic special for that function with federal guidelines and restrictions etc...)

In order to participate, an inmate must come in previously enrolled in a Maintenance Program. At booking the inmate provides the information. Including what dosage and where they are receiving services. In turn, we notify MTC with that information. MTC will call that dosing program to verify the inmate's active enrollment and current prescription doses, all the bay area clinics communicate with each other well. IF they are enrolled, they will continue to provide the methadone while in custody.

I'm not certain really of cost savings. Hard to measure. The Detox is not lethal, just horrible and may require medical management. That may require an ER visit. Depends on dosage and length of use and if they were using other substances alongside the methadone.

What is pretty well known in the literature is that addicts compliant with a methadone program tend to have better functioning overall, less recidivism back to drug use and the consequent crimes associated with that. Clinically, it s smart to maintain the inmates on the program, as it does help with behavior, irritability, etc, and once they are released they can go back to their regular program, which includes regular counseling.

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It is fairly rare inmates at the jail are on the program, so he does we have any statistical information on cost savings.

Humboldt County does not have a Methadone program.

Sutter County Jail has a heroin withdrawal protocol but it does not use Methadone treatment.

Colusa County does not have a methadone program.

Amador County does not have a methadone program. Rather, we have a drug withdrawal protocol that the medical staff follows.

Madera County doesn't have a methadone program.

Mendocino - Our local community health clinic administered a methadone program until it folded due to financial problems. We had a M.O.U. between the SO, C.F.M.G., and the clinic. Our medical provider would notify them when their clients come into custody, they would set up a dosing time, and we would let clinic staff come in and dose the client.

In my view it not a successful program; it just added more to the street drugs problem and was a replacement to heroin. Mr. Beall should consider reviewing the new medical data on methadone and its dangerous side affects.

Monterey County does not have a methadone program. Everyone is detoxed off methadone except pregnant inmates and those that have other critical medical needs.

Respectfully submitted, Nick Warner, Legislative Director, CSSA